

<b>Case Number:</b>	CM15-0011410		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Dentist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed indicate that this 60 year old male patient was involved in an industrial injury on 03/07/00. Patient complains of constant minimal headaches that occur in the left temporal area. Patient also complains of constant minimal facial pain on the left side and facial pain that is aching and deep. Patient also has constant minimal pain in the right and left TMJ's. Treating dentist is requesting "compound medication."

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Compound medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009).

**Decision rationale:** There is insufficient clear rationale for this non specific request for "compound medication". This is a vague request, and the dosage, quantity and the type of compound medication is not clear. Per reference mentioned above, "Primarily recommended for

neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore this IMR reviewer finds this non-specific request for compound medication not medically necessary.